

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90011 007 \*\*\*150.00

04-25-1999 90011 008 \*\*\*\*\*8.75

DOCUMENT # P98000061556

1. Corporation Name

NEUMANN GRUPPE REGIONAL MANAGEMENT MIAMI, INC.

Principal Place of Business

C/O SHUTTS & BOWEN  
1500 MIAMI CENTER - 201 S BISCAYNE BLVD  
MIAMI FL 33131

Mailing Address

C/O SHUTTS & BOWEN  
1500 MIAMI CENTER - 201 S BISCAYNE BLVD  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

65-0860554

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
C/O SHUTTS & BOWEN  
1500 MIAMI CENTER - 201 S BISCAYNE BLVD  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CAMACHO, PABLO G  
STREET ADDRESS AM SANDTORKAI 4  
CITY-ST-ZIP 20457 HAMBURG, GERMANY

☐ DELETE

TITLE D  
NAME JACOBSEN, KAI  
STREET ADDRESS AM SANDTORKAI 4  
CITY-ST-ZIP 20457 HAMBURG, GERMANY

☐ DELETE

TITLE D  
NAME SIELMANN, PETER  
STREET ADDRESS AM SANDTORKAI 4  
CITY-ST-ZIP 20457 HAMBURG, GERMANY

☐ DELETE

TITLE O  
NAME KINDLER, URS  
STREET ADDRESS 1001 BRICKELL BAY DRIVE SUITE 1610  
CITY-ST-ZIP MIAMI, FL 33131

☐ DELETE

TITLE O  
NAME NEUMANN, DAVID  
STREET ADDRESS 1001 BRICKELL BAY DRIVE, SUITE 1610  
CITY-ST-ZIP MIAMI, FL 33131

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 305-377-8220

Date

Daytime Phone #

0572440

CR2E034 (11/98)